

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

69/492709

FILING DATE

1-27-00

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51		/		/		
2		/					52	/			/		
3		2					53		/		/		
4		2					54	/			/		
5	/						55		/		/		
6		/					56		/		/		
7		2					57		/		/		
8	/						58		/		/		
9		/					59		/		/		
10		2					60		/		/		
11	/						61		/				
12	/						62		/				
13		/					63		/				
14	/						64		/				
15	/						65		/				
16		/					66	/					
17	/						67	/					
18	/						68	/					
19		2					69		/				
20	/						70		/				
21		/					71		/				
22	/						72		/				
23	/						73		/				
24		/					74		/				
25		/					75		/				
26		/					76		/				
27		/					77		/				
28		/					78		/				
29		/					79	/					
30		/					80		/				
31	/						81		/				
32		/					82		/				
33		/					83		/				
34		/					84		/				
35	/						85	/					
36		/					86		/				
37		/					87		/				
38		/					88		/				
39		/					89		/				
40		/					90		/				
41		/					91		/				
42		/					92		/				
43		/					93		/				
44		/					94		/				
45		/					95		/				
46		/					96	/					
47	/	/					97		/				
48		/					98		/				
49		/					99		/				
50		/					100		/				
TOTAL IND.	29						TOTAL IND.						
TOTAL DEP.	88						TOTAL DEP.						
TOTAL CLAIMS	117						TOTAL CLAIMS						